

Highmark BCBSD, Inc. d/b/a Highmark Blue Cross Blue Shield Delaware

Entity Name	Claim Billed Amount	Estimated Expected Reimbursement	Estimated Amount Due	TTL Insurance Payments	Estimated Patient Copay, Deductible, Co-Insurance	# of Accts
Highmark BCBSD, Inc. d/b/a Highmark Blue Cross Blue Shield Delaware	\$ 92,050.58	\$ 28,658.29	\$ 24,574.06	\$ 529.65	\$ 3,554.58	3
R&C	\$ 4,012.00	\$ 2,246.72	\$ 1,952.84	\$ 35.10	\$ 258.78	1

Facility Name	Account Number	Patient Initials/Name	Service Date	Discharge Date	Entity Name - Legal	Total Insurance Payments	Group Number	Group Name	Policy Number	Payer Claim ID 1	Estimated Patient Copay, Deductible, Co-Insurance	Claim Billed Amount	Estimated Expected Reimbursement	Estimated Amount Due	OON Benefit Methodology
Mid-Cities		REDACTED			Highmark BCBSD, Inc. d/b/a Highmark Blue Cross Blue Shield Delaware	\$ -	REDACTED	WL GORE ASSOCIATE			\$ 2,462.86	\$ 73,948.57	\$ 22,184.57	\$ 19,721.71	Blank
Mid-Cities					Highmark BCBSD, Inc. d/b/a Highmark Blue Cross Blue Shield Delaware	\$ 494.55		CANNOT OBTAIN			\$ 832.94	\$ 14,090.01	\$ 4,227.00	\$ 2,899.51	Other
East Houston					Highmark BCBSD, Inc. d/b/a Highmark Blue Cross Blue Shield Delaware	\$ 35.10		NOVAL DRUCE			\$ 258.78	\$ 4,012.00	\$ 2,246.72	\$ 1,952.84	R&C